Citation Number: 6681 Facility Name: Donnellson Health Center Facility Address/City/State/Zip 901 State Street Donnellson, IA 52625				Date Octo	: ber 20, 2017
			Survey October		
		HL			
Rule or Code Section	Nature	e of Violation	Class	Fine Amoun	t Correction date
58.43(9)	58.43(9) Allegations of Allegations of depend	ident abuse prohibited. f dependent adult abuse. ent adult abuse shall be ated pursuant to lowa Code —Chapter 52. (I, II, III)	II	\$500.00	Upon Receipt
52.2(2)a	abuse in facilities or p a. If a staff member or make a report pursual member or employee person in charge or th who shall then notify t	e and the reporting ersons. pected dependent adult			
235E.2(3)(a)	lowa Code section 238 3. a. If a staff member make a report pursual member or employee person in charge or the who shall then notify to twenty-four hours of sperson in charge is the staff of the staff	or employee is required to nt to this section, the staff shall immediately notify the ne person's designated agent			

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Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2015).

abuse to the department within twenty-four hours.

Citation Number: 6681					Date: Octobe	r 20, 2017
Facility Name: Donnellson Health Center			Survey Dates: October 2-5, 2017			
Facility Address/City/State/Zip 901 State Street Donnellson, IA 52625						
		HL				
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
<u> </u>	I		T	T		
	DESCRIPTION:					
	Based on record review the facility failed to repo to the Department of Ins 12 residents reviewed (identified a census of 4					
	Findings include:					
	had been admitted to the fracture of the right anklorder dated 1/1/4/17, the	n medication) 10 milligrams				
	Registered Nurse (RN) counted narcotics with S Nurse (LPN), approxima 2017. It was determine the resident's Oxycontir Staff C stated she obse and place it in her pock written statement that p separate occasion apprincident were the narcotic statement occasion.	ement signed by Staff C, dated 1/28/17 revealed Staff C Staff D, Licensed Practical ately the third week of January d by both nurses the count for n was over by one 10 mg pill. rved Staff D take the extra pill et. Staff C also noted in the rior to that time there was an oximately 4 weeks prior to this tic count was off and Staff D ax (anti-anxiety medication)				

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Facility Administrator

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Rule or Code Section	Nature	e of Violation				Correction date
r E s iii a e s v v s v t f f	and put it in her pocket. Staff C could recall the resident or the dosage of the Xanax. During an interview on 10/3/7 at 9:04 am Staff C reported she witnessed two separate incidents of Staff D placing extra pills in her pocket. Staff C stated she saw Staff D remove [residents] pills and placed them in her pocket. Staff C stated Staff D did not say anything when she placed the pills in her pocket during either incident. Staff C stated she did not question Staff D at the time. Staff C stated she could not recall which resident's pills it was the first time as it occurred sometime back in December 2016. Staff C stated she did not report the incidents to administration until she was interviewed later by the facility administrator because of a suspected drug diversion. She stated she did not report to the administration because she was afraid of retaliation by Staff D. The facility investigation revealed Staff C reported she had witnessed Staff D take Resident #11's Oxycontin from the medication package and [on a separate occasion] Staff D removed a xanax from the package and placed these in her pocket. Staff C did know which resident the xanax belong to. The investigation revealed the facility would review [timely] reporting expectation with Staff C. During an interview with the Director of Nursing (DON)					

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Facility Administrator

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		HL				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	Record review of an un Dependent Adult Abuse incident of resident abu immediately (within 24 I	dated facility policy titled e Reporting staff observing an se or suspected abuse must nours) report such incidents to ections and Appeals and the				

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Facility Administrator

Date

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Facility Address/City/State/Zip 901 State Street Donnellson, IA 52625					
Domienson, iz	X 32023	HL			
Rule or Code Section	Nature	e of Violation	Class	Fine Amount	Correction date
	Г				

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Facility Administrator